

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO	DATE
FEE DETERMINATION			04-12-01
O.I.P.E. CLASSIFIER			2/4/01
FORMALITY REVIEW	TH	953	06-04-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 ..... Allowed  
 (Through numeral)... Canceled  
 ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Original	Date
1	Final	
2	Original	7/24/01
3	Original	1-11-01
4	Original	2/4/01
5	Original	2/4/01
6	Original	2/4/01
7	Original	2/4/01
8	Original	2/4/01
9	Original	2/4/01
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50	Original	2/4/01

Claim	Original	Date
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Claim	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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